

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Express Mail No.	EV332072245US
DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)		Attorney Docket Number	57294-019
		First Named Inventor	Cady, Roger K.
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		COMPLETE IF KNOWN	
<input type="checkbox"/> Supplemental Declaration Submitted <input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing <input type="checkbox"/> Declaration Submitted for Divisional Filing	Application Number	New	
	Filing Date	Herewith	
	Group Art Unit	TBD	
	Examiner Name	TBA	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Article for Treatment of Sensory Neuron Related Disorders through Transdermal Application of Botulinum Toxin Botulinum Toxin

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

F:\ST_LOUIS\RUSCHE\FORM\1748270.01

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒

Customer Number
or Bar Code Label

029493

OR ☐ Correspondence address below

Name H. Frederick Rusche

Address Husch & Eppenberger, LLC, 190 Carondelet Plaza

City St. Louis

State MO

ZIP 63105

Country USA

Telephone 314-480-1500

Fax 314-480-1505

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]): Roger K.

Family Name or Surname: Cady

Inventor's Signature

Date:

Residence Mailing Address: 631 Riverview Road

Residence City: Ozark

State: MO

Zip Code:
65721

Country: USA

Citizenship: USA

Mailing Address:

City:

State:

Zip Code:

Country: USA

NAME OF SECOND INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]):

Family Name or Surname:

Inventor's Signature:

Date:

Residence City:

State:

Country:

Citizenship:

Mailing Address:

City:

State:

Zip Code:

Country:

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Express Mail No.: EV332072245US**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	New
Filing Date	Herewith
First Named Inventor	Roger K. Cady
Title	Method and Article for Treatment of Sensory Neuron Related Disorders through Transdermal Application of Botulinum Toxin Botulinum Toxin
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	57294-019

I hereby appoint:

☒ Practitioners at Customer Number
OR

029493

29493
29493

PATENT TRADEMARK OFFICE

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the United States Patent and Trademark Office connected therewith.☒ Firm or
Individual Name

H. Frederick Rusche

Address

Husch & Eppenberger, LLC

Address

190 Carondelet Plaza

City

St. Louis

State

MO

Zip

63105

Country

USA

Telephone

314-480-1500

Fax

314-480-1505

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Roger K. Cady

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*.☒ *Total of 1 forms are submitted.